

MULTI-DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/527122 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.	3	↓		↓		↓	
TOTAL DEP.	30	←		←		←	
TOTAL CLAIMS	33	██████████		██████████		██████████	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
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TOTAL IND.			↓		↓		
TOTAL DEP.			←		←		
TOTAL CLAIMS			██████████		██████████		